

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5473

BIRTH NO. ....		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>4304</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ludlow</u>		c. LENGTH OF STAY (Specify) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ludlow, Mo</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X X</u>				d. STREET ADDRESS (If rural, give location) <u>X X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Alley</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>12</u> (Year) <u>1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Aug. 12, 1859</u>	
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Crestline, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William M. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Hefflefinger</u>		14. NAME OF HUSBAND OR WIFE <u>James Alley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Alley</u> ADDRESS <u>Ludlow, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of eye total Retinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis (Rheumatic)</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u> <u>10 yrs</u> <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 6, 1949</u> , to <u>Feb 10, 1949</u> , that I last saw the deceased alive on <u>Feb 10, 1949</u> , and that death occurred at <u>5:35 am</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo. Moore M.D.</u>				23b. ADDRESS <u>Ludlow, Mo</u>		23c. DATE SIGNED <u>2-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Center Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ludlow, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-22-49</u>		REGISTRAR'S SIGNATURE <u>Levie J. Goring</u>		175 F. FUNERAL DIRECTOR'S SIGNATURE <u>Edward F. Meach</u>		ADDRESS <u>Braymer, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Demand J Mead*

Licensed Embalmer No. ....

2801

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.